

HOMESTEAD EXEMPTION APPLICATION

PAGE 1 of 2

To The Tax Commissioner of Richmond County, Ga.

NAME _____ Application for Year _____
(LAST, FIRST, MID INITIAL)

ADDR _____ PREVIOUS ADDRESS _____

MAP/PAR _____

Do you have a Spouse? ☐ yes ☐ no If yes, Spouse's name _____

Does your Spouse reside with you? ☐ yes ☐ no ☐ not applicable

Is this a mobile home? ☐ yes ☐ no If yes, you must own land and mobile home in same name to qualify for exemption.
(Property taxes on both land and mobile home must be current when applying.)

Are you active military? ☐ yes ☐ no If yes, what state is your home of record? _____

In accordance with the provision of the State Constitution and laws authorizing Homestead Exemptions, I hereby make application for the tax exemption I have checked below (please check beside **one exemption only**):

1). ☐ **S1 – Regular \$5,000 (County & School)** (Only requirement is to reside in the home as of January 1.)

2). ☐ **S3 – State of Georgia School Tax Exemption - (I was 62 years of age or older as of January 1, and my NET INCOME together with the NET INCOME of my spouse did not exceed \$10,000 for the immediately preceding year. Complete information below and in the Income section on reverse side of application).**

3). ☐ **H-2A Richmond County School Exemption – Age 65 – No Income Limit.** (Complete date of birth and SSN info below).

4). ☐ **S4 – Richmond County School & Double – (I was 65 years of age or older as of January 1 and my NET INCOME, together with the net income of my spouse did not exceed \$10,000 for the immediately preceding year. Complete information below and in the Income section on reverse side of application).**

Applicants for S3, H-2A and S4 must complete this section below:

Date of Birth _____ Social Security No. _____
(Applicant) (Applicant)

Date of Birth _____ Social Security No. _____
(Spouse) (Spouse)

Disability Exemptions (I am 100% permanently and totally disabled and due to the severity of my disability, I am unable to engage in any substantially gainful activity. Certification attached) (See enclosed homestead exemption explanations/instructions)

5). ☐ **S5 Disabled Veterans Exemption - \$50,000 – (Attach Documentation. See enclosed homestead exemption explanations/instructions #5)**

6). ☐ **H-10 Richmond County Disability Exemption - \$10,000 – (Attach Documentation. See enclosed homestead exemption explanations/instructions #6.)**

7). ☐ **H-5A Richmond County Disability and Income Exemption – Full exemption from County, School and Urban general taxes. (Attach Documentation. See enclosed homestead exemption explanations/instructions #7.)**

8). ☐ **SS Veteran Widow \$50,000 Exemption – Applicant is a surviving spouse of a veteran who died as a result of serving in a war or armed conflict (or later from injuries so incurred). Must attach VA documentation showing survivor benefits received.**

SIGNATURE REQUIRED ON REVERSE SIDE

Mail signed homestead exemption application to:

**Richmond County Tax Commissioner's Office
Room # 117 Municipal Building
530 Greene Street
Augusta, GA 30911-3999**

Please complete this income section if applying for (S3) State of Georgia \$10,000 School Exemption, or (S4) Richmond County Full School & Double Exemption.

If applying for the Richmond county Disability and Income Exemption (H-5A), please attach a copy of page 1 of your **Georgia Income Tax Return** to the application.

INCOME FOR YEAR ENDING DECEMBER 31, 20_____
(Subject to verification)

| | Claimant and/or Joint Return | Spouse if separate return |
|--|------------------------------|---------------------------|
| (1) Retirement Income from Ga. Tax Return | \$ _____ | \$ _____ |
| (2) Social Security Income | _____ | _____ |
| (3) Total of 1 & 2 | _____ | _____ |
| (4) Deduct maximum allowable under SS not to exceed line 3. (\$46,536 for 2004 income.) | _____ | _____ |
| (5) Adjusted Income | _____ | _____ |
| (6) Other Income (Rent, Interest, etc.) | _____ | _____ |
| (7) SUBTOTAL | _____ | _____ |
| (8) Less itemized deductions from Ga. Income Tax Return (does not include personal or dependent exemptions). | _____ | _____ |
| (9) Net income for Double(S4) or School Exemption(S3) | _____ | _____ |

Affidavit of Homestead Exemption:

I, the undersigned, do solemnly swear that the statements made in support of this application are true and correct, that I am the bonafide owner of the property described in this application, that I actually occupied the same on January 1 of this year for which application is made, that I am an eligible applicant for the exemption applied for, and that no transaction has been had in collusion with another for the purpose of obtaining a homestead exemption contrary to the law.

| | | |
|--|------|---|
| Signature of Applicant | Date | Daytime Telephone Number |
| Application received this _____ 20__ BY: _____ | | Jerry Saul, Tax Commissioner 706-821-2391 |

Approved / Denied – Board of Tax Assessor's.